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## *PATENTS*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

## **INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box  
Alexandria, Virginia 22313-1450

Sir:

The citation of information on the attached Form PTO/SB/08A, "Information Disclosure Statement By Applicant" is made pursuant to 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. §1.98, a copy of each cited item is enclosed.

Applicants also request that the Examiner review the below-listed patent application. The serial number of the below-listed U.S. patent application is listed on this form as provided in M.P.E.P. §609(D), rather than a PTO/SB/08B form, to avoid the serial number of the pending U.S. patent application from being published on any patent that may issue from this application.

Applicants do not waive the confidential nature of the below-listed patent application.

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Mail Stop: AMENDMENT Alexandria, VA 22313-1450, on 01/06/2005, 2005.

Sharon R. Dunn

Sharon R. Dunn

U.S. Patent Application Serial No. 10/322,247 (Battiste et al.), filed December 17, 2002, entitled "Phosphite Additives in Polyolefins", Attorney Docket No. C51757-0411.

The Examiner is specifically requested not to rely solely on the information submitted herein. On the contrary, the Examiner is requested to conduct an independent and thorough review of the information, and to form independent opinions as to their significance.

It is respectfully requested that the Examiner initial and return copies of the enclosed Form PTO/SB/08A and to indicate in the official file wrapper of the above-identified patent application that each item of the cited information has been considered.

The citation of this information does not constitute an admission that any of the materials are available as a reference or of priority, or a waiver of any right Applicants may have under applicable statutes, Rules of Practice in patent cases, or otherwise.

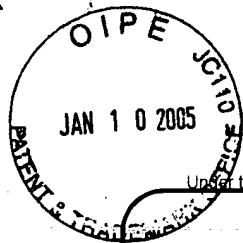
Pursuant to 37 C.F.R. §1.97(b)(3), Applicant asserts no fee is due. However, the Commissioner is hereby authorized to charge any deficiencies which may be required or credit any overpayment to Deposit Account Number 09-0528.

Date: JANUARY 6, 2005



Jeffery B. Arnold  
Attorney for Applicant  
Reg. No.: 39,540

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Attorney Docket No.: **C51757-0412**



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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	10/719,940
Filing Date	November 21, 2003
First Named Inventor	Bobsein, Rex L.
Art Unit	1714
Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number C51757-0412

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard 15 References
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffery B. Arnold, Registration No. 39,540 Womble Carlyle Sandridge & Rice, PLLC
Signature	
Date	January 6, 2005

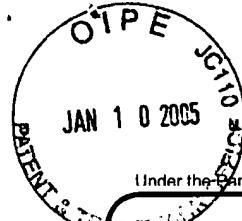
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Sharon R. Dunn		
Signature		Date	01/05/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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JAN 10 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \_\_\_\_\_

## Complete if Known

Application Number	10/719,940
Filing Date	November 21, 2003
First Named Inventor	Rex L. Bobsein
Examiner Name	***
Art Unit	1714
Attorney Docket No.	C51757 0412

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 3 or HP =	x	=		Fee (\$)
HP = highest number of independent claims paid for, if greater than 3				Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

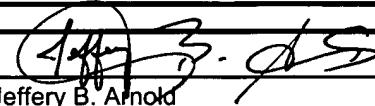
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

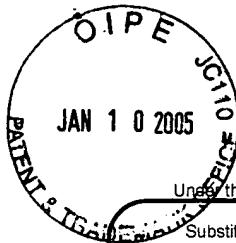
Other: \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	39,540	Telephone 404-879-2433
Name (Print/Type)	Jeffery B. Arnold	Date January 6, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 2

## Complete if Known

Application Number	10/719,940
Filing Date	November 21, 2003
First Named Inventor	Bobsein, Rex L.
Art Unit	1714
Examiner Name	Unassigned
Attorney Docket Number	C51757-0412

## U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
AA	US- 3,219,622		11/23/1965	Luciano et al.	
AB	US- 4,116,926		09/26/1978	York	
AC	US- 4,290,941		09/22/1981	Zinke et al.	
AD	US- 4,341,880		07/27/1982	Toyada et al.	
AE	US- 4,371,647		02/01/1983	Mingawa et al.	
AF	US- 4,504,615		03/12/1985	Mills	
AG	US- 4,590,231		05/20/1986	Seltzer et al.	
AH	US- 4,824,885		04/25/1989	Magni et al.	
AI	US- 4,957,956		09/18/1990	Neri et al.	
AJ	US- 5,023,285		06/11/1991	Horn	
AK	US- 5,106,892		04/21/1992	Chiolle et al.	
AL	US- 5,225,526		07/06/1993	Fukawa et al.	
AM	US- 5,438,086		08/01/1995	Stevenson et al.	
AN	US- 6,613,823		09/02/2003	Battiste et al.	
	US-				

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

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**Complete if Known**

<p>Substitute for form 1449/PTO</p> <p><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></p> <p><i>(Use as many sheets as necessary)</i></p>		<b>Complete if Known</b>	
		<b>Application Number</b>	10/719,940
		<b>Filing Date</b>	November 21, 2003
		<b>First Named Inventor</b>	Bobsein, Rex L.
		<b>Art Unit</b>	1714
		<b>Examiner Name</b>	Unassigned
Sheet	2	of	2
		Attorney Docket Number	
		C51757-0412	

## NON-PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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**Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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